



**St. Mary
Medical Center**
A Dignity Health Member

Community Health Needs Assessment & Implementation Plan Summaries

2012



St. Mary Medical Center, Long Beach, Community Health Needs Assessment and Implementation Strategy Summaries

This summary is intended to demonstrate how St. Mary Medical Center is reporting to community members and others what it has identified as community health needs and how it intends to address those needs.

Table of Contents

- I. St. Mary Medical Center Community Health Needs Summary: An Assessment of greater Long Beach community conducted jointly by St. Mary Medical Center, Long Beach Memorial, Miller's Children Hospital, Community Hospital of Long Beach in collaboration with Long Beach Department of Health and Human Services and Kaiser Permanente.

- II. St. Mary Medical Center Implementation Strategy and Community Benefit Plan Summary Attachments:
 - A. Greater Long Beach Community Health Need Assessment
 - B. Community Priorities
 - C. Access to Care Implementation Plan Summary
 - D. Community Needs Index Map

2012 St. Mary Medical Center Community Health Needs Assessment Summary

During 2012, a community health needs assessment (CHNA) was conducted by St. Mary Medical Center, Long Beach Memorial, Miller's Children's Hospital, Community Hospital of Long Beach, and Long Beach Department of Health and Human Services in collaboration with Kaiser Permanente for the 840,000 residents of greater Long Beach area. The Greater Long Beach area includes Long Beach, Signal Hill, Wilmington, Lakewood, and surrounding areas.

Description of Community Served by the Hospitals

The Greater Long Beach community includes the communities of Wilmington, Carson, San Pedro, Seal Beach, Signal Hill, Lakewood, and Bellflower. This area encompasses a population of nearly 840,000 with 460,000 from Long Beach. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. The average annual family income for Long Beach has not changed significantly in the past decade and is currently nearly \$48,000. Those below the median income level have been disproportionately impacted by the recession; the proportion of the population living below poverty has increased and is now at 19.3%. The Community Need Index (CNI), which is a tool standardized by Dignity Health and provides a "picture" of the community need and access to care. The CNI aggregates five socioeconomic variables by zip codes, which have demonstrated a link to health disparity (income, language, education, housing and insurance coverage). The scale is 1-5; higher the score, the greater the socio-economic barriers and likely need for services. The St. Mary CNI average is 4.8 for the entire primary and secondary service area and more than 45% of the area being 5. (Attachment A).

Who was Involved in Assessment

The assessment process was initiated and co-chaired jointly by the four Long Beach hospitals in collaboration with the Long Beach Department of Health and Human Services and Kaiser Permanente. The four hospitals provided roughly equal financial and in-kind support for the assessment process; however, the Long Beach Department of Health and Human Services and Kaiser Permanente, and all agencies providing health or related services within the service area were invited to participate.

How the Assessment was Conducted

The surveys were collected from a convenience sample at community forums, health fairs and events within the city of Long Beach from September 2011 until March 2012 using survey monkey. In an effort to control costs, the surveys were self-administered to a convenience sample at these events. The

survey was also posted on the hospitals' web sites along with the Long Beach Department of Public Health web site so that other participants could have easy access to the survey. Respondents are residents of the greater Long Beach area, which included; Long Beach, Lakewood, Compton, Carson, Lynwood, Torrance, Wilmington, Signal Hill, Seal Beach and Bellflower. A total of 1,309 surveys were collected; however, only 1,066 surveys were accurately completed and used for analysis. Information was also obtained from secondary sources including the partners' emergency room data, statistics from the Long Beach Department of Health and Human Services and other sources.

The second part of the study employed a key informant survey. The main reason for surveying key informants was to enhance the data collection activity with input from individuals who have access to special segments of the population. The key informant survey was developed the same way the community health survey instrument was developed. Through an iterative process involving a literature review, examination of previous surveys and community partnerships input from several meetings helped to finalize the key informant survey. Each hospital included in the study used key informants in the past for a variety of reasons for their community outreach and community benefit activities. Key informant lists were combined into a master list, which added up to over 433 key informants. Using web technology, informants were asked to complete and submit surveys in order to share their valuable input in this project.

Health Needs Identified

The top health problem for children and teenagers was inarguably, asthma (PRIORITY #1). Young adults need substantial help with asthma problems as well. Obesity (PRIORITY #2) surfaced as a major problem for children, teenagers, young adults and adults in the health needs assessment, and was supported by key informants for all age categories. The community needs assessment results were somewhat weaker than the key informant results but were consistently pointed out by all parties involved in the study. Another major health problem is mental health (PRIORITY #3) for teenagers, young adults, adults and even the elderly population. The community needs assessment survey results strongly supported programs addressing anxiety and depression problems for young adults and adults. The key informant survey results supported similar findings and added mental health as a major problem for young adults and adults. Diabetes (PRIORITY #4) was also found to be a major issue with a high percentage in the key informant survey for young adults and adults. For the elderly, depression and mental health problems along with diabetes appear to be important health priorities. Two other important health issues found in the community needs assessment and key informant surveys for elderly were: High Blood Pressure and Arthritis (PRIORITY #5).

The greater Long Beach Community Health Survey results showed that 13.6% of the respondents needed care but did not get care. This ratio increased to 17% when only zip codes with vulnerable populations were included in the analysis. The majority of participants (60%) reported that they did not receive health care needed due to lack of insurance and another 23% stated co-payment being too high. A similar question was answered by key informants of the local community for children, teenagers, young adults, adults and elderly. The most frequently selected reasons for children and teenagers for not receiving care were no health insurance coverage and no dental insurance coverage.

The top three reasons for young adults and adults were no health insurance coverage, no vision insurance coverage and not knowing where to get care. The top reason for elderly not receiving care was due to lack of transportation.

The most important social issue appeared to be lack of exercise in the community, which was supported by the survey respondents across the board. Clearly, PRIORITY #1 Asthma, involved the lack of community exercise programs. The second major social issue (perhaps as important as lack of exercise) was the poor nutrition and/or lack of food support program in the community. This appears to be a major problem for all age categories. PRIORITY #2 is to improve nutrition across all age groups and increase food support programs. PRIORITY #3 is lack of health insurance and affordable health care combined. These were not new issues to community activists, hospitals, and public health officials. Earlier in the study, lack of insurance was also identified as one of the priority areas as well. PRIORITY #4 is air pollution and PRIORITY #5 is drug and alcohol programs, which have a moderate show in the surveys. Another area is joblessness in the community, which may be attributed to the weak economy.

Community Assets Identified

The assessment identified a number of strong community assets, including the four hospitals and their community benefit programs; Long Beach Department of Health and Human Services; Los Angeles County Long Beach Comprehensive Health Center which has a medical clinic, dental clinic, and a variety of specialty clinics that utilize Los Angeles County Harbor UCLA Medical Center; several public private partner “free” clinics like Wilmington Community Clinic, The Children’s Clinics, North East Community Clinics (NECC) and Westside Neighborhood Clinic; an adequate supply of primary care physicians and dentists, and numerous religious congregations. The St. Mary Medical Center Service Area is situated in areas that are mostly designated as Medically Underserved Area/Population (MUA/P) including North Long Beach, Central Long Beach, West Long Beach, the Port including Wilmington and Compton.

Assessments and Priorities

In summary, health priority needs identified were:

- Asthma,
- Obesity,
- Mental Health,
- Diabetes, and
- High Blood Pressure and Arthritis

In summary, access needs identified were:

- Lack of insurance
- Health education and community outreach activities, and
- Providing transportation

In summary, social needs identified were:

- Lack of community exercise programs
- Poor nutrition/Lack of food support program
- Lack of health insurance/affordable health care
- Air pollution, and
- Drug and alcohol programs

Implementation Strategy

2013-2015 Summary

St. Mary Medical Center has been meeting the health needs of the greater Long Beach area for nearly 90 years. In 1923, at the request of St. Anthony Parish, the Sisters of Charity of the Incarnate Word founded St. Mary Medical Center. In 1996, St. Mary Medical Center became a part of Dignity Health formerly Catholic Healthcare West (CHW) continuing the Sisters' ministry of service. At St. Mary, the Sisters continue to serve on our Boards, in Spiritual Care Services, Administration, and as Patient representatives. They are the heart and soul of what we do, who we are and how we deliver care at St. Mary Medical Center.

St. Mary Medical Center is a 389 licensed bed, non-profit medical center offering award-winning, quality medical services and continues to be funded as Disproportionate Share Hospital (DSH) with a significant level of indigent care. St. Mary Medical Center currently employs 1455 persons and has 516 active medical staff members. St. Mary Medical Center's Emergency Department features a life-saving trauma center, which is also the Base Station for the area. The Emergency Department had 51,458 visits in Fiscal Year 2012 with nearly 23% of these visits for patients who are uninsured.

St. Mary Medical Center is a tertiary center that provides care throughout the spectrum of life, from prenatal and childbirth services to palliative care and cancer services. St. Mary is a level II trauma center, has a 24 bed intensive care unit, and a level IIIB NICU with 25 beds. St. Mary Medical Center was recognized by US News and World Report in April 2011 for excellence in seven adult specialties: cancer; ear, nose, and throat; geriatrics; kidney disorders; neurology and neurosurgery; pulmonology; and urology.

This report summarizes the plan for St. Mary Medical Center to sustain and develop new community benefit programs that 1) address prioritized needs from the 2012 Greater Long Beach Community Health Needs Assessment (CHNA) conducted by CSULB Professors Tony Sinay, PhD, Veronica Acosta-Deprez, PhD, and Natalie Whitehouse-Capuano, MPH and 2) respond to other identified community health needs.

Target Areas and Population

The Greater Long Beach CHNA and the Community Needs Index (CNI) have identified the areas of north and central Long Beach along with the Westside of Long Beach and Wilmington. These areas also have the greatest health needs and the most limited access to health services. The St. Mary Medical Center Implementation Strategy focuses on populations with greatest need so will continue to focus on these areas and the immediately surrounding neighborhoods in the greater Long Beach area.

How the Implementation Strategy was Developed

St. Mary Medical Center Implementation Strategy was developed based on the findings and priorities established by the 2012 Greater Long Beach CHNA and a review of the hospital's existing community benefits activities.

St. Mary provided leadership for the 2012 Greater Long Beach CHNA. Other members of the collaboration to conduct the CHNA were Long Beach Memorial, Community Hospital of Long Beach, Long Beach Department of Health and Human Services, and Kaiser Permanente. Students from California State University Long Beach, California State University Dominguez Hills, American University of Health Sciences, and Pacific College were utilized to help facilitate surveying the community.

Survey instruments were developed through an iterative process with questions covering the topics affecting, children, teens, young adults, adults and the elderly. The survey instrument was provided in English and Spanish languages. The surveys were collected from a convenience sample at community forums, health fairs and events within the city of Long Beach from September 2011 until March 2012 using web technology. The total number of surveys collected from the greater CHNA and key informants surveys were 1,309 (only 1,066 included) and 122, respectively.

After completion of the CHNA, published in September 2012, the St. Mary Community Benefits Advisory Committee (CBAC) of the St. Mary Community Board met to develop a focus for the St. Mary Medical Center Community Benefit's Programs for 2013-2016. The CBAC continues to meet to develop the implementation strategies to respond to the priority needs and to develop and monitor goals and action plans.

Major Needs and How Priorities Were Established

The CHNA found asthma, obesity, mental health, diabetes, and arthritis to be top five health priorities in greater Long Beach. About 14% of the survey respondents needed medical care but did not receive it. Further investigation showed that lack of health, dental and vision coverage are major barriers to care along with lack of information about where to get care and transportation to services. Most needed health care services are family physician/primary care and behavioral health, specialty care, along with dental care and prescription drugs. Major social issues identified in the study are: lack of exercise, poor nutrition, lack of insurance and affordable health care, air pollution and drug and alcohol programs. Lastly, the study revealed the top five most needed health related services are: transportation, CalFresh (food stamp), before and after school program, counseling and assisted living. Results are mostly consistent between community and key informant surveys.

St. Mary Medical Center's review of current community benefit programs found that the hospital is meeting existing community needs through provision of charity care; Medicaid (MediCal) services; recently introduced Pediatric Clinic, the St. Mary Breathe Mobile Unit, and St. Mary 4th Street Senior Clinic, existing St. Mary OB Clinic, High Risk Antenatal Clinic, St. Mary Family Clinic, the C.A.R.E. (Comprehensive AIDS Resource and Education) Program and Clinics including the CARE Dental Clinic, St. Mary Outpatient Diabetes Program, St. Mary Low Vision Center, St. Mary Health Professions Education Program (Internal Medicine Residency Program), St. Mary Passages Program, and several other community education programs. These activities were determined to be additional priorities for the hospital's implementation strategy.

Description of What St. Mary Medical Center Will Do to Address Community Needs/Action Plans

St. Mary CBAC works to ensure that St. Mary has a continuing focus on Community Benefits. Community Benefits are defined as programs or activities that St. Mary does to adhere to the requirements of CA State Senate Bill 697 (Nonprofit hospitals must document their community benefit) and now with the Affordable Care Act through the IRS that ensures that our policies integrate and reflect the public interest and develop a plan to create a healthier community based on the community needs assessment to meet the needs. The CBAC is made up of community members representing Disproportionate Unmet Health Needs (DUHN) and those that works with DUHN groups in areas of high need. The CBAC meets regularly and the information is reported to the Community Board for approval and action. This information is regularly reported in the local newspaper through press releases.

The CBAC reviewed the CHNA. From the CHNA, the CBAC discussed with their respected communities including elected officials the needs and brought their concerns back to the next meeting. The CBAC prioritized the following as issues for St. Mary Medical Center Community Benefits programs to focus on for 2013-2016:

Prevention and treatment of respiratory disorders related to air pollution which would include but not limited to asthma and chronic obstructive pulmonary disorder (COPD), and advocating on ways to make the air cleaner especially for vulnerable communities

- Prevention and treatment of obesity and related chronic disorders such as promotion of nutrition, identification and treatment of diabetes and high blood pressure
- Access to care/delivery system working with disproportionate unmet health needs communities including but not limited to dental care
- Promotion of mental wellness and health including identifying those who need care and prevention activities.

The idea that the focus needs to be doable and will make an impact. The St. Mary Medical Center Breathe Mobile Unit focuses on identifying, treating and improving quality of life for those with respiratory orders. The Outpatient Diabetes Program, which was the first outpatient program certified by the American Diabetes Association in the greater Long Beach area, focuses on nutrition and lifestyle education for those with diabetes. The St. Mary Faith Health Ambassador Program works with the Churches and other faith congregations to ensure that the DUHN communities are linked to access to care and are assisted with health navigation, education, and information. The C.A.R.E. Program works with many DUHN communities to promote access to care with the HIV/AIDS at risk clients. St. Mary Transportation eliminates a key barrier to access to care by providing transportation free to and from the client's home. The St. Mary Passages Program provides a geriatric psych day program to create access to mental health for those 55 and over.

In addition, St. Mary Medical Center will continue to meet community needs by providing charity care and Medicaid (MediCal) services, continuing the St. Mary Clinics—Pediatric, OB, Family, High Risk Antenatal, and CARE.

For each of the priority areas listed above, St. Mary will continue to work with community partners to:

- Identify any related activities being conducted by other in the community that could be built upon.

- Develop measurable goals and objectives so that the effectiveness of their efforts can be measured.

Next Step for Priorities

Build support for the initiatives within the community and among other health care providers.

Priorities Not Being Addressed and the Reasons

St. Mary is not directly involved with the following priorities: arthritis, providing exercise classes, and drug and alcohol programs, before and after school programs, counseling and assisted living.

Approval

St. Mary works with community partners that address some of these issues with use of space for meetings, in-kind support of their community health fairs and seminars, and community grants.

Each year, at either their September or October meeting, the St. Mary Medical Center Community Board, which includes representative from the greater Long Beach area and surroundings communities, reviews the prior fiscal year's Community Benefit Report and approves the Community Benefit Implementation Plan for addressing priorities identified in the most recent Community Assessment and other plans for community benefit.

As noted in the Community Benefits Report 2012 Community Benefit Plan 2013, the plan was approved on October 25, 2012

Attachment A

Community Need Index, Map of the St. Mary Medical Center Service Area.

The Community Need Index (CNI), which is a tool standardized by Dignity Health and provides a “picture” of the community need and access to care. The CNI aggregates five socioeconomic variables by zip codes, which have demonstrated a link to health disparity (income, language, education, housing and insurance coverage). The scale is 1-5; higher the score, the greater the need for services. The St. Mary CNI average is 4.8 for the entire primary and secondary service area and more than 45% of the areas being 5.

CNI Score Median: 4.8

Lowest Need

1 – 1.7 Lowest 1.8 - 2.5 2nd Lowest 2.6 - 3.3 Mid 3.4 - 4.1 2nd Highest Highest Need 4.2 - 5 Highest

